TRANSMITTAL		Application Number	09/101,601							
		Filing Date	1/9/1997							
FORM		First Named Inventor	Adrien C	Salet						
		Art Unit	2643							
(to be used for all correspondence after initial filing)		Examiner Name	Huyen L	e						
Total Number of Pages in This Submission 6		Attorney Docket Number	2934 - 120323							
ENCLOSURES (check all that apply)										
		Drawing(s)		After Allowance communication						
Fee Attached		Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences						
Amendment / Reply		Petition		Appeal Communication to TC Appeal Notice, Brief, Reply Brief)						
After Final		Petition to convert to a Provisional Application	Proprietary Information							
Affidavits/de		Power of Attorney, Revocation Change of Correspondence Address	Status Letter							
Extension of Time Request		Terminal Disclaimer	i ✓ i	Other Enclosure(s) (please dentify below):						
Express Abandonment Request		Request for Refund		ce in Entity Status Under 37 § 1.28(c); and Authorization						
Information Disclosure Statement		CD, Number of CD(s)		in a Representative Capacity						
		Landscape Table on CD	<u></u>							
Certified Copy of Pr Document(s)	riority Rema	arks		į						
Reply to Missing Pa		•								
Incomplete Application Claim Fees Previously Paid: Total Claims Total Indpen. Claim Reply to Missing Parts										
		aim Fees Due (see Fee Transmit	al Form)							
The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650 .										
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm Name The Webb Law Firm										
Signature Mund Abry										
Printed Name Richard L. Byrne										
Date September 13, 2012 Reg. No. 28,498										
CERTIFICATE OF TRANSMISSION / MAILING										
I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:										
Signature Hel Seran										
Typed or printed name	Helen Gerace			September 13, 2012						

FEE TRANSMITTAL			Complete if Known							
			Application Number 09/1		9/101,601					
					1/9/1997					
		First Named Inventor Adrien Galet								
Applicant claims small cutity status. S	Exami	Examiner Name Huyen Le								
Applicant claims shian entry status. See 37 CFR 1.27			nit	2643						
TOTAL AMOUNT OF PAYMENT (\$) 3,380.00			Attorney Docket 2934 - 120323							
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fac(s) or underpayments of fac(s) Credit any overpayments										
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization on PTO-2038.					· · · · · · · · · · · · · · · · · · ·					
FEE CALCULATION (All the fees below			e subject to a su	rcharge.)	-					
1. BASIC FILING, SEARCH, AND EX FILING FEES			WAMINA"	TION FEES						
Small Er		nall Entity		mall Entity						
Application Type Fee (\$) Fee (Fee (\$)	<u>Fee (S)</u>	Fee (S)	Fees P	हा <u>त (इ)</u>				
Utility 380 95	620	310	250	125						
Design 250 125	120	60	160	80	<u> </u>					
Plant 250 125	380	190	200	100						
Reissue 380 190	620	310	750	375	•					
Provisional 250 125	0	0	0	0						
2. EXCESS CLAIM FEES Small Entity										
Fee Description		Fee (S)	. <u>Fee (\$)</u>							
Each claim over 20 (including Reissues) 60										
Each independent claim over 3 (including Reissues) 250 125										
Multiple dependent claims		•			450	225				
Total Claims - 20 or HP Ext	ra Claims Fee	<u>e (S)</u>	Fee Paid (S)			ependent Claims				
HP = highest number of total claims paid for, if greater than 20.										
•										
		* (2)	Fee Paid (\$)							
HP = highest number of independent claims paid	for, if greater than 3.									
3. APPLICATION SIZE FRE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under										
37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets	Number o	f each add	itional 50 or fra	ction thereof	Fee (S)	Fee Paid (S)				
4. OTHER FEE(S)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): Fee deficiencies due in the prosecution of Patent No. 6,608,908 \$3,380.00										
SUBMITTED BY										
Signature	1 4 1 6/	$\frac{1}{2}$	gistration No.	28,498	Telephone 41	2-471-8815				
Signature Whund h () Artorney/Agent 28,498 Telephone 412-										